

## *City of Charleston*

**JOSEPH P. RILEY, Jr**

*Mayor*

**South Carolina**

**Gregory G. Mullen**

*Chief of Police*

### **POLICE DEPARTMENT**

Dear Applicant:

We appreciate your interest in employment at the Charleston Police Department. When you have completed the application and are ready to submit, please include the following documents with the application:

1. A photocopy of your birth certificate.
2. A photocopy of your Social Security card.
3. A photocopy of your driver's license.
4. For sworn positions (Police Officers, Reserve Officers and Correctional Officers) you must provide a certified driving record for the past 5 years in all states in which you were licensed and numbers. (Online Driving Records and/or NCIC driving requests are not acceptable).
5. A photocopy of the highest college degree earned and a photocopy of your high school diploma. We will need an official transcript from the college from which you graduated sent directly to the Charleston Police Personnel Office.
6. If you served in the U.S. Military for any period of time, a photocopy of your DD-214 (Member 4 Copy listing Characterization of Service, Separation and Re-Enlistment Codes) or photocopy of your discharge certificate.
7. If you are a certified law enforcement officer from outside S.C., a photocopy of your state certificate and training academy curriculum.
8. A photocopy of any licenses or certificates which show special qualifications or skills.

Please insure all photocopies are clearly legible. Failure to include the required documentation will mean delay in processing your application.

Thank you for your cooperation.

**CITY OF CHARLESTON  
POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

**Position(s) Applied For:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**GENERAL INSTRUCTIONS:** Type or neatly handprint an answer to every question – **USE BLACK INK ONLY.** If a question does not apply to you, so state N/A. If space available is insufficient, use a separate sheet and precede each answer with number of the referenced block. **DO NOT MISSTATE OR OMIT** material facts since the statements made herein are subject to verification to determine your qualifications for employment. Providing false or misleading information or omitting pertinent information will result in your ineligibility for employment. If discovered after an offer is extended or employment began it will result in the withdrawal of the offer or discharge. In the event that you are selected for employment, your employment will be **AT WILL**. This means that the employee or the City may end the employment relationship at anytime with or without reason or notice.

1. LAST NAME			FIRST NAME			MIDDLE NAME		
2. ALIAS(ES), NICKNAME(S), MAIDEN NAME, OTHER CHANGES IN NAME				3.A. TELEPHONE NUMBER (HOME OR CELL)		3.B. SOCIAL SECURITY		
4. PRESENT RESIDENCE ADDRESS			STREET OR RFD		CITY OR POST OFFICE		STATE	ZIP CODE
5. DATE OF BIRTH ( <i>Month, Day, Year</i> )			PLACE OF BIRTH ( <i>City, State</i> )			<b>Attach photocopy of birth certificate</b>		
6. A. HEIGHT					B. WEIGHT			
7. U.S. CITIZEN  <input type="checkbox"/>		NATURALIZED CERTIFICATE NO.		IF DERIVED, PARENT'S CERTIFICATE NO.		DATE, PLACE AND COURT		
8. MILITARY STATUS:  Have you served on active duty in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach photocopy of discharge or separation papers.								
A. While in the military service were you ever arrested for an offense which resulted in a trial by deck court or by summary, special or general court-martial:  <input type="checkbox"/> Yes <input type="checkbox"/> No								
If yes, give date, place, law enforcing authority or type of court or court-martial, charge and action taken for each incident, using separate shee to record information.								
B. Are you presently a member of U.S. Reserve or National or State Guard organization? ( <b>Attach a copy of DD 214 Form, Copy 4</b> )  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following:								
GRADE AND SERVICE NO.					SERVICE AND COMPONENT			
ORGANIZATION AND STATION OR UNIT AND LOCATION					ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> STANDBY <input type="checkbox"/>			

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## 9. EDUCATION

School	Name and Location of School	Course of Study	Last Grade Completed	Did you graduate?	Certificate or Degree Received
Elementary School					
Middle School					
High School					
Business, Technical or Trade School					
College					
Graduate School					
Other Studies					

Books, Papers or Articles Published:

## 10. SPECIAL QUALIFICATIONS AND SKILLS

A. Indicate type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued and date current license expires.  
(EXCEPT VEHICLE OPERATOR'S LICENSE)

B. Special skills you possess and machines and equipment you can use. (For example, Word, Excel, PowerPoint, Publisher, short wave radio, multilith, comptometer, key punch, turret lathe, transcribing machine, scientific or professional devices.)

C. Approximate number of words per minute:

Typing	Shorthand
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D. Special qualifications not covered in application. (For example, your most important publications (**do not submit copies unless requested**); your patents or inventions; public speaking and publications experience; membership in professional or scientific societies, etc.; and honors and fellowship received)

11. VEHICLE OPERATOR'S LICENSE (*Driver's, Chauffeur's, etc.*). Give the following information concerning any vehicle OPERATOR'S license you have held within the last five (5) years or now hold:

KIND OF LICENSE	PLACE ISSUED	LICENSE NUMBER	DATE OF EXPIRATION	RESTRICTIONS

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?

☐ Yes☐ No

Explain fully

12. EMPLOYMENT: Begin with your MOST recent job and list your work history for the past ten (10) years including part-time, temporary or seasonal employment, and all periods of unemployment. If additional space is needed, please attach a separate sheet of paper.

May we contact your current employer? ☐ Yes ☐ No

FROM DATE	NAME, ADDRESS, PHONE # OF EMPLOYER	WHY WOULD YOU LEAVE?	JOB TITLE
TO DATE		DESCRIPTION OF YOUR DUTIES	
SALARY		NAME OF SUPERVISOR	NAME OF CO-WORKER
FROM DATE	NAME, ADDRESS, PHONE # OF EMPLOYER	WHY DID YOU LEAVE?	JOB TITLE
TO DATE		DESCRIPTION OF YOUR DUTIES	
SALARY		NAME OF SUPERVISOR	NAME OF CO-WORKER
FROM DATE	NAME, ADDRESS, PHONE # OF EMPLOYER	WHY DID YOU LEAVE?	JOB TITLE
TO DATE		DESCRIPTION OF YOUR DUTIES	
SALARY		NAME OF SUPERVISOR	NAME OF CO-WORKER

Have you ever been discharged or asked to resign, furloughed or put on inactive status for cause, or subjected to disciplinary action while in any position (except military)?

Yes ☐ No ☐ If yes, state circumstances. \_\_\_\_\_

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Have you ever resigned (quit) after being informed your employer intended to discharge (fire) you for any reason? Yes ☐ No ☐

If yes, explain, giving name and address of employer, approximate date and reasons in each case. \_\_\_\_\_

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13. ARREST, DETENTION AND LITIGATION: (Show all arrests including juvenile delinquent and traffic.)

A. Have you ever been arrested or detained by a law enforcement agency?      Yes   ☐      No   ☐

B. Have you (or your spouse) been involved in any court action, CIVIL or CRIMINAL? Include all traffic violations, parking, etc., in this state or elsewhere?

Yes   ☐      No   ☐

C. Have you ever been fingerprinted for any reason (arrest, job applicant, etc.) ?      Yes   ☐      No   ☐

If the answer to any of the above questions is YES, list below the date, place, and full details of each incident.

14. RESIDENCES: List all residence for the past ten (10) years, beginning with your present address.

MONTH AND YEAR		STREET AND NUMBER	CITY	STATE OR COUNTRY
FROM	TO			

15. CHARACTER REFERENCES (Do not include relatives, former employers or persons living outside the United States or its Territories). List only character references that have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors,. List five (5) character references.

NAME	YEARS KNOWN	ADDRESS			
		STREET	CITY	STATE	DAYTIME PHONE #

16. What other police agency (ies) have you applied with?

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17. PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS:				
NAME AND ADDRESS		TYPE (SOCIAL, FRATERNAL, PROFESSIONAL, ETC.)	OFFICE HELD	MEMBERSHIP
				FROM TO

18. SUBVERSIVE ORGANIZATION:		
YES	NO	
		Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means?

If YES to the answer above, describe the circumstances. Attach additional sheets for a full detailed statement. If associated with any of these organizations, specify nature and extent of association with each, including office or position held, also include dates, places and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organizations with which they were or are affiliated.

19. FOREIGN LANGUAGES: Please indicate any foreign languages you can speak, read and/or write.			
	Fluent	Good	Fair
Speak			
Read			
Write			

REFERRAL SOURCE (Check One)		
Advertisement ____	City Employee ____ (Specify Name)	Friend ____
Walk-in ____	Employment Agency ____	Other ____

I have read and understand all the information contained in this application and any attachments hereto. I authorize the release of information concerning my qualifications, character, or prior education and employment records to the Charleston Police Department through inquiries to appropriate sources. I further certify, under penalty of perjury, that all statements made in this application and/or attachments are true and complete to the best of my knowledge and belief and that there are no misrepresentations, falsifications, or omissions of material fact. In addition, I understand misstatements or missing information is cause for rejection of application, removal of name from eligibility list, or if hired, dismissal from position. In the event that I am selected for employment, my employment will be AT WILL. This means that I or the City may end the employment relationship with or without reason or notice.

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SIGNATURE

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DATE

## EEO INFORMATION

*\*Not for Interview or Screening Purposes\**

In accordance with Equal Employment laws, we are required to maintain statistical data on all applicants. We ask for your cooperation in completing and returning the following information. This form will separate from your application and not used in the screening or interviewing processes.

NAME		SOCIAL SECURITY NUMBER	DATE OF BIRTH
ADDRESS			TELEPHONE NUMBER
GENDER:  <input type="checkbox"/> Female  <input type="checkbox"/> Male	CHECK ONE, IF APPLICABLE  <input type="checkbox"/> Disabled Individual  <input type="checkbox"/> Vietnam Veteran  <input type="checkbox"/> Disabled Veteran	Please identify your race/ethnic category:  <input type="checkbox"/> American Indian or Alaskan Native (original peoples of N. America who maintain cultural identification through tribal affiliation or community recognition)  <input type="checkbox"/> Asian or Pacific Islander (original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands)  <input type="checkbox"/> Hispanic (all persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race)  <input type="checkbox"/> Black (not of Hispanic origin) (all persons having origins in any of the Black racial groups of Africa)  <input type="checkbox"/> White (not of Hispanic origin) (all persons having origins in any of the original peoples of Europe, North Africa or the Middle East)  <input type="checkbox"/> Other (specify) _____	
Position Applied For:			
Where did you learn about this job opening?  <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Job Service <input type="checkbox"/> Radio Ad <input type="checkbox"/> Job Line <input type="checkbox"/> TV Ad/Cable <input type="checkbox"/> Walk-in <input type="checkbox"/> Internet <input type="checkbox"/> City's Website <input type="checkbox"/> City Referral ( <i>employee name</i> ) _____ <input type="checkbox"/> Other ( <i>specify</i> ) _____			

I hereby authorize any city, county, state or federal agency, department or bureau to release any information in their files under the above name. I understand and realize that the information so released may prove unfavorable to me. I agree to hold any source of information blameless for any error in reporting this information. I further release all personnel whomever from any liability arising out of or resulting from the release of this information.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

### NOTICE TO INDIVIDUALS WITH DISABILITIES, DISABLED VETERANS AND VIETNAM ERA VETERANS

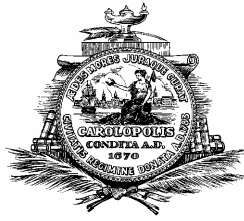
Federal government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era; and section 503 of the Rehabilitation Act of 1973, as amended, which requires the same of qualified disabled individuals.

If you are a disabled veteran or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will not adversely affect any consideration you may receive for employment.

If you wish to be identified, sign here: \_\_\_\_\_

*"Equal Opportunity Employer"*





*City of Charleston*

**JOSEPH P. RILEY, Jr**  
*Mayor*

**South Carolina**

**Gregory G. Mullen**  
*Chief of Police*

**POLICE DEPARTMENT  
MEMORANDUM**

**TO: Applicants**

**FROM:** Thom Myers, Polygraph Examiner

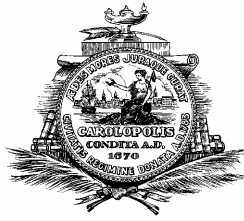
**SUBJECT: Polygraph Examination**

As per departmental policy, prior to employment with the Charleston Police Department, you will be requested to submit to a polygraph examination. You should be prepared to discuss questions pertaining to your honesty in handling money and merchandise with your present and previous employers, use of drugs, alcohol, gambling habits, arrests and/or convictions. You should also be prepared to answer questions concerning undetected crimes you may have committed, and any investigations you may have been involved in.

Sincerely,

Thom Myers

***Certified Polygraph Examiner***



*City of Charleston*

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*Mayor*

**South Carolina**

**GREGORY G. MULLEN**  
*Chief of Police*

**POLICE DEPARTMENT**

**MEMORANDUM**

NAME (PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SSN# \_\_\_\_\_

1. Do you have any relatives by blood or marriage that presently work for or have ever worked for the Charleston Police Department or the City of Charleston.

Yes \_\_\_\_ or No \_\_\_\_

Relatives are defined as: husband, wife, father, mother, children, grandparents, grandchildren, brothers, sisters, and in-laws and step of those family members.

Name of Relative: \_\_\_\_\_

Type of Relationship: \_\_\_\_\_

Job Position: \_\_\_\_\_

Duty Assignment: \_\_\_\_\_

Phone: \_\_\_\_\_

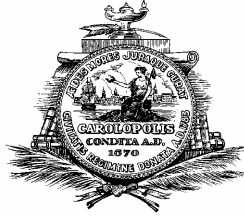
2. Are you now or have you ever been employed with the City of Charleston?

Yes \_\_\_\_ or No \_\_\_\_

If so, please explain.

(Form #16)  
Revised 04/09/07

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*Chief of Police*

**POLICE DEPARTMENT  
MEMORANDUM**

**NOTICE OF USE OF CONSUMER CREDIT REPORT FOR EMPLOYMENT  
PURPOSES**

Pursuant to Section 604 (b) of the Consumer Credit Reporting Reform Act of 1996, you are hereby advised that as part of a background investigation for employment with the Charleston Police Department a copy of your Consumer Credit Report will be sought for review. This report may be used to make a decision regarding an offer of employment. If a decision not to offer employment to you is based in whole or in part on your credit report you will be provided a copy of the report and a notice of your rights under the Fair Credit Reporting Act.

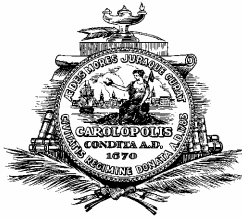
**I HEREBY AUTHORIZE THE CHARLESTON POLICE DEPARTMENT TO OBTAIN MY CONSUMER CREDIT REPORT  
FOR THE PURPOSE OF DETERMINING MY SUITABILITY FOR EMPLOYMENT WITH A LAW ENFORCEMENT  
AGENCY, AND AFFIRM THAT I HAVE BOTH READ AND UNDERSTOOD THE ABOVE NOTICE.**

NAME (PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SSN \_\_\_\_\_



*City of Charleston*

**JOSEPH P. RILEY, Jr**  
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**Gregory G. Mullen**  
*Chief of Police*

**POLICE DEPARTMENT  
MEMORANDUM**

**Authorization For Release Of Information**

**TO:**

Any Doctor, Hospital, Medical Association, U.S. Armed Forces,  
U.S. Selective Service System, Maritime Service, Veterans Administration, or

Any Academic Dean, Registrar, Principal, Guidance Counselor, other  
authorized person at a school (college, business, trade or high school), or

Any past or present Employer, or

Any Credit Bureau or Retail Merchants Association, Bank, Financial institution or any other Credit Extending Organization, or

Any County, State, or Federal Governmental Agency.

I, \_\_\_\_\_, am aware that my entire background is to be investigated and hereby authorize and request the release of any and all information you have concerning me, excluding bank or savings and loan association balances, to the Charleston Police Department or its agents. I hereby designate the Charleston Police Department as my authorized representative for the purpose of obtaining such information.

I hereby release anyone addressed above, who gives information about me in the course of an investigation covered by this authorization, from any and all liability for damages of whatever kind to me, my family, heirs or associates as a result of giving such information, except that I do not release anyone who gives information that he knows is false, deliberately intending to harm me or one of my family, heirs or associates.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_

State Of \_\_\_\_\_  
\_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_

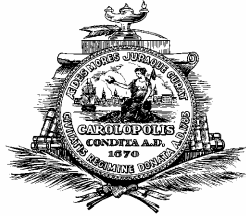
Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20 \_\_\_\_\_.

My Commission Expires \_\_\_\_\_

FORM# 103

Notary Public \_\_\_\_\_

*"Equal Opportunity Employer"*



*City of Charleston*

**JOSEPH P. RILEY, Jr**  
*Mayor*

**South Carolina**

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*Chief of Police*

**POLICE DEPARTMENT  
MEMORANDUM**

**PROCEDURES FOR RETEST**

Should a candidate fail to successfully complete process of the testing procedure, the following re-testing procedures will apply;

The Department will allow re-application, re-testing and re-evaluation of candidates not appointed to probationary status during the initial vacancy. The conditions for re-testing are as follows:

1. The candidate must request to be re-tested.
2. In the event that six months has lapsed between the initial test and the request to be re-tested the candidate must re-apply.
3. If the candidate fails the written test he/she will be re-tested in two (2) weeks.
4. If the candidate fails a second time he/she will be eligible to be re-tested in six (6) months for that position as a police officer
5. All other positions will be tested and re-tested no more than three (3) different occasions provided the candidate fails the preceding exam.



## Charleston Police Department Security Profile-Applicant's Portion

Full Name: Last \_\_\_\_\_ First \_\_\_\_\_

Middle \_\_\_\_\_ Maiden Name \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ DOB \_\_\_\_\_

SOC \_\_\_\_\_ Driver's Lisc# \_\_\_\_\_ DL State \_\_\_\_\_

List all other names you have used (maiden, former, married, aliases, nicknames, etc.):

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

List all states you have resided: \_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested or charged with any violation including traffic whether convicted or dismissed, but excluding parking and minor (4 points or less) speeding or traffic tickets?

☐ Yes

☐ No

Date	Place and Department	Charge	Court and Place	Disposition	Details

### Attestation and Verification of Applicant

I hereby attest and affirm that the information supplied herein is true to the best of my knowledge. I understand if I am employed, falsified statements in this application may be considered sufficient cause for immediate dismissal.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_